2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# 712396

Entity Name: RO-MONT GARDENS, ANDOVER CONDOMINIUM "A", INC.

Current Principal Place of Business:

101 NW 204 ST
MIAMI, FL 331692678

New Principal Place of Business:

Current Mailing Address:

101 NW 204 ST
MIAMI GARDENS, FL 331692678

New Mailing Address:

FEI Number: 59-2350262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ISAACS, SAMUEL TRE
101 NW 204 STREET
APT.26
MIAMI GARDENS, FL 331692678 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	DE BIASE, MARY PD	
Address:	101 NW 204TH ST. A4	
City-St-Zip:	MIAMI GARDENS, FL 331692678 US	
Title:	TRE	( ) Delete
Name:	ISAACS, SAMUEL TRE	
Address:	101 NW 204TH ST. A26	
City-St-Zip:	MIAMI GARDENS, FL 331692678 US	
Title:	SEC	( ) Delete
Name:	BARBERA, LUCIA SEC	
Address:	101 NW 204 STREET, A17X	
City-St-Zip:	MIAMI GARDENS, FL 331692678 US	
Title:	VP	( ) Delete
Name:	MARIN, DORALISA VP	
Address:	101 NW 204TH ST. A28	
City-St-Zip:	MIAMI GARDENS, FL 331692678 US	
Title:	D	( ) Delete
Name:	TURNER, QUINTON DR	
Address:	101 NW 204TH ST. A 25	
City-St-Zip:	MIAMI, FL 33169	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAM ISAACS TR 05/05/2009

Electronic Signature of Signing Officer or Director — Date